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BARRIERS THAT INFLUENCE HISPANICS DECISIONS TO ACCESS MENTAL  
HEALTH CARE SERVICES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Carolina Peters  
June 2020

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by  
Carolina Peters  
June 2020

Approved by:

Dr. Armando Barragán, Research Coordinator, Social Work

Dr. Armando Barragán, Faculty Supervisor

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## ABSTRACT

Despite the existing research on barriers to mental health services among minority ethnic groups, little is known about the barriers to the access of mental health services among different Latino groups. This research attempted to understand potential barriers such as gender, income, and education, among Mexican's and other Latino subgroups (Salvadorian, Puerto Rican, Honduran, and other). Through the gathering of quantitative data in the form of surveys, research defined that there are no significant findings in barriers to access mental health services among Hispanics. A limitation encountered was limited participation of Latino subgroups. Future studies can improve on this limitation by sampling more diverse Latino subgroups to gather more conclusive evidence that there is a difference in the barriers to the utilization of mental health services among these groups.

## ACKNOWLEDGEMENTS

I would like to thank every single professor that has helped me make this research project possible. In specific, I would like to thank my advisor, Dr. Barragan for his expertise and guidance throughout the development of this project. I would also like to acknowledge the Barrio Logan community for welcoming me into their community and embracing the work that I did. In the midst of a pandemic, we have proved that with collaboration and support, we were still able to make this dissertation possible.

## DEDICATION

As a first-generation, Mexican American female in my immediate family to complete a graduate-level degree, I feel immensely proud as it is not only a gift to myself but a gift to my parents. With that said, I would like to dedicate this research project to my family. To my parents, who instilled the power of resilience and perseverance. To my husband, Jores, who has been my source of support and encouragement throughout the process. My two children, Jores Johan and Santiago Daniel, I hope that my hard work inspires you in your future endeavors.

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## CHAPTER ONE

### ASSESSMENT

#### Introduction

The intent of this study is to find barriers to accessing mental health care services among Hispanics. Included in this chapter is the research question, which is “which barriers influence Latinos decisions to access mental health care services?”, followed by the hypothesis to the research question, which is “barriers impact how Latinos access mental health services.” The study was carried out using a positivist approach and with quantitative data. In summary, this chapter includes a literature review of articles that explore the proposed research question, theoretical orientation, and potential contribution to social work practice.

#### Research Question

The research question is “which barriers influence Latinos decisions to access mental health care services? The hypothesis is that the more barriers Latinos encounter when deciding to access mental health care the less likely they are to access such care. The barriers identified as variables include gender, income, and education, among Mexican’s and other Latino subgroups (Salvadorian, Puerto Rican, Honduran and other). The rationale behind the hypothesis is due to the potential barriers likely to be experienced among the

Latinos population and also the racial and ethnic disparities found among mental health care utilization.

### Paradigm and Rationale for Chosen Paradigm

The paradigm chosen in this research is the positivist approach. This paradigm matches the research focus because this worldview presumes a reality neutral of our minds that is unchangeable and proven to natural behaviors (Morris, 2014). This study design assumes that one can identify the natural process of cause and effect and can be measured through a quantitative data analysis (Morris, 2014). This approach will allow clarification on cause and effect of barriers to accessing mental health care services' among Latinos.

The rationale for choosing the positivism paradigm is based on the ability to determine the cause and effect between the dependent variable, access to mental health care services among Latinos, and the independent variable of barriers such as gender, income, and education, among Mexican's and other Latino subgroups (Salvadorian, Puerto Rican, Honduran and other). These are variables that are objective and can be methodically studied. Also, this approach will allow quantitative data to be gathered by numbering the variables and allowing for measurement (Morris, 2014).

### Literature Review

Access to mental health services is not a new phenomenon, therefore, there is currently available literature related to the issue. The literature available validates the proposed research question. Meaning, there is a cause and effect

correlation between how Latinos access mental health care and barriers such as gender, income, and education, among Mexican's and other Latino subgroups (Salvadorian, Puerto Rican, Honduran and other). The identified literature review discusses mental health services' utilization among Latinos, barriers to mental health services, and alternative ways to access mental health services. There are also various topics discussed in the literature review that includes an alternative hypothesis to the research question.

#### Hispanic and Mental Health Services Utilization

In the United States, there is currently a significant rise in the Hispanic population estimated at about 58%, in comparison to 16% African American, and 3% of Caucasian population (Ruiz, 2002). The Hispanic population is expected to increasingly rise to account for 21% of the American population by 2050 (Rodriguez-Keyes & Piepenbring, 2017). Although the Hispanic population is growing, they are not utilizing mental health services nearly as much as other ethnic groups (Ruiz, 2002). In 2014, Non-Hispanic whites received twice more mental health treatment than Hispanics (U.S. Department of Health, 2017). 8.3% of Hispanic adults age 18 and over received mental health treatment or counseling in 2014 compared to 18% of non-Hispanic White (U.S. Department of Health, 2017).

Ruiz (2002), reports that there are many factors that play a role in the lack of mental health care utilization among Hispanics. A study by Muroff et al. (2017) argued that the chances for Hispanics to receive and complete treatment are low

compared to non-Hispanic populations. In a residential drug treatment program, 81% of Latinos were less likely to complete it (Amodeo, Chassler, Oettinger, Labiosa, & Lundgren, 2008). This fact explains the lack of mental health services' utilization and the lack of continuity of care among Hispanics. The identified barriers will be discussed in the following section of this chapter.

### Barriers to Mental Health Services

One of the barriers identified among Hispanics in access to mental health services is the stigma attached to mental health. According to Sanchez et al. (2017), the stigma attached to mental health disorders and taking medication for it is a barrier in the Hispanic community. Amongst Hispanics there is a fear that the mental health treatment medication will arouse an addiction factor or that it contains harmful properties to the body and in result it affects medication compliance (Sanchez, et al., 2017). These stigmas create more barriers for further mental health treatment (Sanchez, et al., 2017). According to Jimenez et al. (2013), 40.3% of Latinos expressed shame or embarrassment of having a mental illness and 47.5% felt the same about an alcohol abuse problem compared to non-Latino Whites. Furthermore, 38.6% of Latinos felt that people would think differently of them if they sought mental health treatment compared to 13.7% of non-Latino Whites (Jimenez, 2013).

Moreover, another barrier among Hispanics to accessing mental health services is the language barrier (Ruiz, 2002). In the mental health system, there is a lack of linguistic competency in services and therefore, Hispanics are less

likely to access mental health services (Muroff et al., 2017). Latinos with limited access to cultural and linguistic competent services for alcohol, drug, and other mental disorders are less likely to receive continuity of care (Muroff et al., 2017). This issue shows that the illiteracy to healthcare is a barrier, not only to receive services, but to continue receiving them once services are in place.

Research shows that limited English proficiency is linked to the underutilization of psychiatric services and furthermore, it is associated to the lack of continuity of services in comparison to fluent English speakers (Alegría, Canino, Ríos, Vera, Calderón, Rusch, & Ortega, 2002). Roughly 29.4% of the Hispanic population that speak Spanish at home, report speaking less than “very well” English (Muroff et al., 2017). This statistic proves that there is a need for bilingual services. Also, it is important to note that when a patient is being assessed for mental health services in English, the diagnosis can be skewed due to anxiety developed in the patient from the language barrier (Ruiz, 2002). Ruiz (2002) states that when Hispanic patients were being interviewed by an English-speaking therapist, patients suffered from more exaggerated psychopathology and thus resulted in a misdiagnosis. Unfortunately, using interpreters was found to be unhelpful, and in contrast, it caused distortions during the clinical interview (Ruiz, 2002).

An additional factor to the lack of use of mental health services among Latinos is immigration status. According to Aguilera & Lopez (2008), noncitizen individuals, especially those who recently immigrated to the United States, are

associated with a lower use of mental health services. Citizenship can be a factor in the lack of health insurance and thus decreases the utilization of mental healthcare services (Sanchez, et al., 2017).

As mentioned before, SES is an important factor in the utilization of mental health services among Hispanics. According to Ruiz (2002), the Hispanic population does not hold the same level of education or SES as the majority population. 54.5% of Hispanics have a four-year-high school education while 82.1% of the USA population have the same (Ruiz, 2002). Also, while 23.9% of the total USA population have a college education, only 10.7% of Hispanics have the same (Ruiz, 2002).

According to Kouyoumdjian et al. (2003), monetary concerns may be a meaningful factor to the mental health services a Latino seeks. Compared to 5.9% of white population, Hispanics have an annual income of less than \$10,000, which means that 21.7% of Hispanic families living under the poverty level (Ruiz, 2002). According to Kouyoumdjian et al. (2003), many low SES Latino families are known as “working poor” because their comparable skills to non-Latinos are often underpaid. These statistics are undoubtedly impacting the access and understanding to mental health services’ utilization among Hispanics. The low SES and low education are imminent factors to the underutilization of mental health services because it is linked to the inability to afford services, limited paid time off, and transportation issues (Kouyoumdjian et al., 2003).



Health insurance is another major barrier among Hispanics to accessing mental health care services. This issue can be determined due to the inability to pay copayments, deductibles, and medications (Ruiz, 2002). Financial inability to utilize a health insurance can lead to poor health care utilization by receiving delayed services and instability in doctors (Weissman, Russell, Jay, & Malaspina, 2018). According to Kouyoumdjian, et al. (2003), 35% of Latinos do not have health insurance and compared to other ethnic groups, Latinos are the least likely to have medical health insurance. Of note, a large proportion of Latinos that partake in temporary employment do not have health insurance benefits, which lead to the inability to take time off to adhere to treatment (Kouyoumdjian et al., 2003). This issue goes hand in hand with socioeconomic status as it leads to lack of medical insurance (Ruiz, 2002).

An additional barrier experienced by Hispanics in the access to mental health services is living in a rural area. According to Wielen et al. (2015) those living in low-income or in rural areas can face barriers to accessing mental health services. It is worthy to note that Hispanics in rural areas have a higher chance of receiving low-quality services (Wielen, et al., 2015). As mentioned by Wielen, et al. (2015), rural areas serving mostly Hispanics patients have a higher chance of limited or even no availability to behavioral health professionals. This manifest to 25% of behavioral health services to come from primary care physicians, which in return are delivered at a suboptimal level (Wielen, et al., 2015).

Another impacting barrier is cultural beliefs. This cultural barrier among Hispanics comes from the cognition that mental health is taboo and therefore a difficult topic to comprehend. In a study by Ruiz (2002) he explains that Hispanics often consider mental health disorders to be caused by a supernatural phenomenon. Inclusively, Hispanics tend to somatize psychiatric symptoms more so in contrast to Caucasians (Ruiz, 2002). In addition, research shows that mental health services are underutilized by Hispanics and in lieu they use alternative models like religious based treatment (Ruiz, 2002). This cultural belief is a barrier that can lead to lower mental health utilization among Hispanics.

#### Alternative Way to Access Mental Health Services

There is an evidence-based practice that offers an alternative way to access health care services. Muroff et al. (2017) conducted a study that consisted of a cell phone application used to assist with mental health problems and recovery. The study reports that Hispanics think poorly of traditional treatment but were successful at technological treatment because Latinos utilize smartphones for most of their research and social needs in comparison to other cultures (Muroff et al., 2017). Inclusively, the application was translated into Spanish language and integrated culturally competent services (Muroff et al., 2017). The study proves that 73.4% of Latino clients used the application and a large percentage of the clients continued to use it after the treatment was completed for continuous support, resources, and information (Muroff et al., 2017).

## Potential Solutions

There are various potential solutions to the ethnic and racial disparities in accessing mental health services. Those include advocacy work towards universal health care, expand mental health services covered by Medicaid and Medicare, promote and encourage ethnic minority groups to become involved in the movement, and promote bilingualism in mental health care services (Ruiz, 2002). Also, the implementation of cultural sensitivity training for providers could bridge the gap for Hispanics accessing mental health care services (Ruiz, 2002). Lastly, it would be wide to advocate for research funds to be allocated in disadvantaged minority areas where vulnerable Hispanic populations reside (Ruiz, 2002). In conjunction, it could be beneficial to integrate behavioral health services into primary care clinics and make it a “one-stop-shop” for patients (Wielen, et al., 2015).

In conclusion, there is literature available that covers various barriers to mental health services’ access among Hispanics. Some of the barriers included in the literature are stigma, language, immigration status, socioeconomic status (SES), low education, lack of insurance, cost of services, living in rural areas, and cultural beliefs. Although the literature validates the research question, there are also alternative hypotheses reported in the literature. There are different proposals and alternative ways to attempt and resolve the disparity. Overall, it is vitally important that social workers are actively working toward diminishing

barriers for Hispanics to access mental health services and promote an adequate quality of life.

### Theoretical Orientation

The theory orientation in the chosen paradigm is the theory of ethnic/racial identity. As part of human development, we reach a point in life when we develop an identification for who we are. This theory explains the effect a person's life experiences and real-time interaction has on an ethnic-racial identified group (Douglass, Wang, & Yip, 2016). This effect can determine whether or not barriers will be present in accessing mental health care. This theoretical foundation explains the intent of the study because it speaks on the past, present, and future of Hispanic generations that lack access to mental health care services.

Unfortunately, access to mental health care continues to decline while the Hispanic population continues to grow (Ruiz, 2002). This theory frames the study by focusing on the effect ethnic-racial identification has on access to mental health care services. The ethnic-racial factor has a heavy influence on Hispanics cognition and rationale. This is a rooted factor that is linked to the access of mental health care services.

### Potential Contribution of the Study to Micro and/or Macro Social Work Practice

The potential contribution of the study to social work is immense as it will provide literature and statistical data on the need to bridge gaps between Latinos and mental health services. This study can potentially encourage multidisciplinary collaboration with professionals that share similar or the same

interest in the topic. This will empower micro social workers to intervene in a form of a leader based on the demand. According to NASW (2020), one of the social work ethical responsibilities is cultural awareness and social diversity. This study can encourage culturally competent support to individuals or groups through psychoeducation regarding mental health services.

In macro social work, there is an immense opportunity to make a change in policy making. There is a chance to make a change in policy to increase insurance coverage regardless of income and immigration status, and overall quality mental healthcare for everyone, especially minority groups. Policymakers can be made aware of barriers, risk factors, and long-term cost associated with the lack of mental health attention among Hispanics. Through macro social work practice, this study has the potential to have major, long-lasting effect on how Hispanics access mental health care services.

### Summary

In this section, the assessment between the researcher and the topic is introduced. This section is the first and also the foundation to the research study. The research question is: “which barriers influence Latinos decisions to access mental health care services?”. The paradigm used in this research study is the positivism approach. The theoretical orientation used in this study is the theory of ethnic/racial identity. Lastly, this study has the potential contribution at a micro and macro level that include facilitation for individual’s by identifying and

removing barriers to mental health care services and also by advocating to policymakers to remove policy barriers in the mental healthcare system.

## CHAPTER TWO

### ENGAGEMENT

#### Introduction

In this chapter engagement is discussed. The discussion includes details on engagement with the study site, gatekeepers, and participants. The researcher's preparation strategies will also be discussed. Additionally, a diversity, ethical, and political issue to the research project will be discussed. This section of the proposal includes assessment properties like getting in communication with gatekeepers at the potential research site. Lastly, another item discussed in this chapter is technology utilization during the engagement phase.

#### Study Site

The site of the study will be in a city-owned community recreational center in California. This community center is available to anyone without restrictions. The services offered in this community recreational center include activities like arts and crafts, sports, tutoring, and exercise classes. They are available to all different ages. The centers' operating hours vary however they are open seven days a week. The community centers' mission is to provide healthy, sustainable, and enriching environments for all (The City of San Diego, 2020). Their vision is to connect all to the city's diverse world class park system (The City of San Diego, 2020).

The population served by this center is predominately Hispanic. According to Sandag. (2003), 86% of the population living in this region is Hispanic (p.1). According to The City of San Diego (2020), the facility was built in 1944, making it a highly utilized center by locals. It is located near a community park and a residential area. Since the activities are available to a wide range of age groups, there is a higher chance of age diversity among research participants.

#### Engagement Strategies for Gatekeepers at Research Site

Strategies to engage with gatekeepers at the research cite included various steps. Initially, the researcher contacted the community recreation center manager telephonically and briefly introduce the researcher, then introduced the purpose of the call, scheduled a time to meet face to face to provide an in-depth research explanation, and lastly interchanged contact information including email and direct phone number for future contact.

The intention was to gain the gatekeepers' interest and trust to meet in person. At the face to face meeting, the gatekeeper was presented with a visual explanation of the research project and the benefits to their community. The visual explanation was presented in a form of a flyer. The flyer presented was the same flyer used to recruit participants, which included the participant criterion and a possible monetary incentive. Verbal information provided was details like the statistics of growing Hispanic population and low mental health care utilization, possible barriers, possible solutions, potential political influence, and the overall benefit to the community. Additionally, the researcher provided an



estimated timeframe of the length of the research project. Timely accommodations were made for questions, concerns, or clarification as needed.

At this time, the researcher offered to introduce the research project to the staff and elaborate on their role. The staff's role in the research project was to redirect potential participants, questions, or concerns back to the researcher. They were also essential for logistics coordination regarding an appropriate space for the researcher to set up and conduct questionnaires.

### Self-Preparation

It is vital that there is a strong sense of self-preparation by the researcher prior to the outreach. There is a level of credibility that the gatekeeper will potentially seek out therefore it is crucial that the researcher be able to provide that. The researcher's credibility was developed by effectively communicating easy to understand facts to the gatekeeper. The more knowledgeable and fluent the researcher was during the engagement process the more credible it became for the gatekeeper at the agency.

Self-preparation was done by formulating talking points and being knowledgeable on potential ways Latino groups currently access mental health care services and potential barriers. Much of that preparation included reading and reviewing credible literature such as the increase in Hispanic population and low utilization of mental health services. This idea helped with the development of credible and fluent talking points.

Another way that self-preparation was done was by becoming familiar with the site where the research took place. This was done by researching background information on the site via the internet. The information accessed was the historical evolution of the facility, date and time of activities, and the target populations served. It was important to learn the proximity of the nearest mental health providers in case gatekeepers or participants requested resources. Another way the researcher self-prepared is by familiarizing with the facility's preferred language in order to remain culturally competent and encourage clear communication. Lastly, it was helpful to become familiarized on issues or challenges the organization has had with researchers or questionnaires in the past as well as their expectations.

#### Diversity Issues

The research question includes racial and ethnic diversity and therefore, it arises the potential for issues. The research question includes Latino population and therefore, there needs to be racial and ethnic comprehension to avoid potential issues with language, culture, and social behaviors among Latino participants. This is an issue that is described in the NASW Code of Ethics found under Ethical Standards 1.05 Cultural Awareness and Social Diversity (2020). It speaks to ethical standards held by a Social Worker when working with an applicable population.

The way this diversity issue will be addressed is through the offering to speak in the clients' preferred language. Also, taking the time to attempt and

understand the culture and belief systems through self-education. Lastly, it is wise to consider the prevalence of social behaviors like social isolation among Hispanics and not rule it out hesitation as a “denial” or as “rude” (Furman, 2009). These are ways of being sensitive to the Hispanic culture and potential issues while being respectful.

### Ethical Issues

The ethical issues that can arise from this research project are primarily ethical principles. These include service and dignity and worth of the person. The project is based off of research-based knowledge that provides statistics proving that the Hispanic population in the United States has a low mental health care utilization rate however, this can potentially come off as labeling or shaming to the ethnic group. The research can possibly make participants feel embarrassed and less likely to pursue mental health services. Another issue that can arise is if the participant feels that the ethnic group is being singled-out as ignorant. This can lead to feelings of insult and disrespect.

The potential issues that have been identified are able to be addressed in various ways. The most efficient way to address them would be by providing sincere clarification on the purpose of the research and also the ethical values that the researcher is held to as a social worker. By communicating the purpose of the research and being sincere, the issues will become minimized. There will also be a voluntary and written informed consent that will be provided to the participant before beginning the questionnaire.

## Political Issue

The political issue that is likely to arise relates to the gatekeeper at the research site and the potential participants. The issue relates to potential push-back by the gatekeeper at the site if the community members refuse to participate. It is possible that the community members will feel intimidated by the research questionnaire and purpose and therefore refuse to have the researcher at the site. In this case, the community members can have an influence on the gatekeeper's choice to refuse collaboration with the researcher.

If in fact, the potential participants refuse the presence of the researcher at their community center and decline the research project, then further steps would need to be taken by the researcher to address the issue. The first step to address the problem would be for the researcher to consult with a university research advisor on appropriate steps to take. The next step would include clear communication between the researcher and the gatekeeper about the research purpose and allow the gatekeeper to express identified concerns. The researcher will accommodate to reasonable needs in order to come to a new agreement. If necessary, there can be a trial period and periodic evaluation on the proposed resolution. These are the steps the research will take to address the potential political issue.

## The Role of Technology in Engagement

In this stage of engagement, technology is vital to engage and coordinate with gatekeepers. The most popular piece of technology used in this stage was

the telephone as that was the main source of communication. It was the most efficient and convenient way to introduce the researcher, the purpose of the research, the benefits, and later coordinate the research logistics with the gatekeepers. Also, email communication was used to communicate with the CSUSB School of Social Work and the gatekeepers in the case that the need arose.

### Summary

In the engagement chapter topics such as the location of the study, engagement strategies for gatekeepers at the research site, self-preparation, diversity issues, ethical issues, political issues, and the role of technology were identified and discussed. These are important topics that frame the research study and therefore must be discussed.

## CHAPTER THREE

### IMPLEMENTATION

#### Introduction

The structure of this chapter includes various detailed factors to the study. Those include research participants, selection of the participants, data gathering, recording of data, termination, follow up, and lastly communication of findings and dissemination plan. These are all factors critical to the study and they are explained in detail in the sections below.

#### Study Participants

The study participants were identified at a community center in California. Initially, the identification of appropriate study participants was unclear as many people of unknown ethnicities and ages visit the center. The researcher attempted to identify the participants of interest during the busiest hours at the center and special events. The intention was to heighten the chances of identifying the participant of interest. As the people walked into the center the researcher attempted to engage verbally with them. The engagement helped the researcher identify participants of interest.

#### Selection of Participants

The participants appropriate for this study are those that identify as Latino adults. They must be 18 to 65 years of age to participate. The gender of the person is non-essential to the study. The population of interest was recruited

through a combination of strategies. One of the strategies is the researcher provided an exposition with the recruitment flyer. The flyer attracted study participant to volunteer and complete the survey. The flyer was also available in Spanish. After the participants were identified, they completed a questionnaire that lasted approximately 5 minutes.

Additionally, the researcher screened individuals visiting the community center site by verbally engaging with them and gathering their age and ethnicity. If the individuals were over 18 and under 65 years of age and identify as Hispanic, they were told they met criteria to participate in the research study. This process was done in English and in Spanish as needed. If the participant met criteria, they were able to either refuse to participate or move forward with the questionnaire process.

The questionnaire included a detailed informed consent and statements written in both, Spanish and in English. The participant was provided a pen and clipboard to complete the survey. After the completion of the questionnaire the participants were provided with a debriefing statement. The debriefing statement included the purpose of the study and the researcher's supervisor's contact information to use if questions arise. Gathering the population of interest for this research study allowed the researcher to move forward with the sample structure.

## Data Gathering

The data was gathered using a questionnaire tool. The questionnaire tool is a double-sided page. The first page is made up of demographic questions. The instructions provided was that the participants check the boxes of which they self-identify. These questions include gender, age, nationality, education level, total annual income, immigration status, and years living in the United States. In specific, male/female, Mexican/Salvadorian/Puerto Rican/Honduran/Other, high school/college, income ranging from \$0-\$90,000 or more, US citizen/permanent resident/indigent status, and lastly, years living in the United States. This tool was available in Spanish and English.

On the other side of the questionnaire tool, were a total of 13 statements. Nine out of the thirteen statements included in the data gathering tool is directly relate to the variables of stigma, language, immigration status, socioeconomic status (SES), low education, lack of insurance, cost of services, living in rural areas, and cultural beliefs and the hypothesis of barriers that impact how Hispanics access mental health services. The remaining four questions were regarding the participants' opinion on mental health services. The statements are clear and specific for the participant and did not include double-barreled questions, false premise, overlapping alternatives, double negatives, or probing intention to act. The variables were measured at ordinal level. This avoided any confusion or misdirection.



The nine variables were measured separately in each statement. As ordinal variables, the data collected was converted into numbers. This made the variables measurable. A descriptive design was utilized to identify the correlation between mental health care utilization and barriers such as gender, income, and education, among Mexican's and other Latino subgroups (Salvadorian, Puerto Rican, Honduran and other). The data collecting tool was able to measure different dimensions, create a correlation, and provide a sample range on each dimension. Of note, each questionnaire has been given a unique ID number ranging from 001-100.

#### Data Recording

Data was recorded utilizing Statistical Package for the Social Sciences (SPSS). The variables will be inserted into SPSS. The variables consisted of dependent and independent variables. The dependent variable is barriers to access mental health services among Hispanics. There are multiple independent variables, and those included are gender, income, and education, among Mexican's and other Latino subgroups (Salvadorian, Puerto Rican, Honduran and other). Each variable was labeled vertically while the participants were labeled horizontally by identification number. After the variables were entered, then the data collected was added in.

Since I used the Likert scale, I was able to measure my variables using the ordinal level of measurement. I used code 1 and 2 on each scale option. For example, yes equals 1 and no equals 2. Also, male equals 1, female equals 2,

Mexican equals 1, any other ethnic group equals 2, less than high school equals 1, anything higher than high school equals 2, annual income of \$0-29,999 equals 1, \$30,000-\$49,999 equals 2, \$50,000-\$69,999 equals 3, US citizen equals 1, permanent resident equals 2, and no status equals 3. These variables helped identify the differences between the scale options.

The statistical test used was an independent sample t-test and one-way between groups ANOVA. These compared the relation between the independent variable and dependent variable. The dependent variable is barriers to access mental health services among Hispanics. There are multiple independent variables, and those included are gender, income, and education, among Mexican's and other Latino subgroups (Salvadorian, Puerto Rican, Honduran and other).

#### Termination and Follow Up

After the completion of the data collection and data recording, there will be a follow up stage that includes the notification of research findings at the study site. This will be done in email form in order to share study background, methodology, finding, and meaning of the study (Morris, 2014). The researcher's contact information has been available for participants in case questions arise. The posters will also be given to the gatekeepers at the research site to share with their community as needed. This form of follow up will allow participants and community members to learn about access to mental health care among Hispanics and potentially encourage self-advocacy.

### Communication of Findings and Dissemination Plan

The research findings will be communicated through posters. The audience will include a combination of scholars and students from the School of Social Work at CSUSB. During the presentation of the poster and explanation of the research and research findings will be explained. The ultimate plan is to submit the findings to scholars that can approve of the research and the findings to become evidence-based practice.

### Summary

In this chapter, implementation was described by discussing the research participants, the selection of participants, data gathering, data analysis, termination and follow up, and communication of findings and dissemination plan. These discussion topics provided an explanation on the final stages of the research and also the final wrap up. After the wrap up with the participants and research gatekeepers, a poster presentation will be constructed and also a submission to scholars to qualify the research as an evidence-based practice.

## CHAPTER FOUR

### EVALUATION

#### Introduction

This chapter is structured to cover data analysis, interpretations, and limitations. Additionally, appropriate micro and macro practice implications will be discussed below.

#### Data Analysis

Overall, there was a total of 100 participants. The participant demographic included different gender, nationality, income, education, age, and citizenship. Of those who were sampled, 78.8% identified as Mexican while 21.2% identified as other Latino ethnic groups. 49% were male and 51% were female. Of the participants, 49.5% reported an annual income of 0-\$29,999, while 33.7% reported \$30,000-\$49,999, and 16.8% reported \$50,000 and above. 37.8% of participants reported an education level of less than high school while 62.2% reported an education level of college and higher. The mean for the age of the participant is 33.9 years old ( $SD = 11.51$ ). The mean for the years living in the United States is 23.5 years ( $SD = 11.77$ ). The participant demographic information is presented as an infographic in Table 1.

The access to mental health services is shown in Table 2. A total of thirteen statements were presented in the survey to the participants. Out of the thirteen questions, nine of them included potential barriers to accessing mental

health services. The remaining 4 questions describe the participants' opinion on mental health services.

In terms of barriers to mental health services, 44.4% of participants reported "yes" while 55.6% reports "no" to the statement "Mental health is taboo and has been a barrier to access mental health services". 25.5% of participants reported "yes" while 74.5% reports "no" to the statement "While accessing mental health services, language has been a barrier". 19.8% of participants reported "yes" while 80.2% reports "no" to the statement "While accessing mental health services, my immigration status has been a barrier". 68% of participants reported "yes" while 32% reports "no" to the statement "While accessing mental health services, not knowing enough about it has been a barrier". 51.6% of participants reported "yes" while 48.4% reports "no" to the statement "While accessing mental health services, my culture has been a barrier". 58.9% of participants reported "yes" while 41.4% reports "no" to the statement "While accessing mental health services, lack of insurance has been a barrier". 30.4% of participants reported "yes" while 69.6% reports "no" to the statement "While accessing mental health services, even with insurance, has been a barrier". 26.6% of participants reported "yes" while 73.4% reports "no" to the statement "While accessing mental health services, living in a rural area has been a barrier". 43.4% of participants reported "yes" while 56.6% reports "no" to the statement "Mental health services make me feel uncomfortable".

In terms of those that were sampled on their opinion on mental health services, 57.3% of participants reported “yes” to the statement of “I would benefit from accessing mental health services”, while 42.7% reported “no”. 42% of participants reported “yes” while 58% reports “no” to the statement “I know how to access mental health services”. 56.1% of participants reported “yes” while 43.9% reports “no” to the statement “I am interested in receiving mental health services”. 60.2% of participants reported “yes” while 39.8% reports “no” to the statement “Mental health services would be helpful to me”.

The main focus of the study is looking between Latino groups and the barriers they encountered while seeking to utilize mental health services. An independent sample t-test was conducted to compare the number of barriers between Mexicans and other Latino groups. There was no significant difference in scores for Mexicans ( $M= 4.2$ ,  $SD=1.8$ ) and other Latino groups ( $M=4.3$ ,  $SD=2.5$ ;  $t(86) = -.23$ ,  $p = .82$ , two-tailed). Other independent samples t-test tests were done for other variables such as gender and education however there were no significant findings for either of them.

A one-way between-groups ANOVA was conducted to explore the impact of income on barriers to mental healthcare utilization. Participants were divided into three groups according to the income range. There was no significant difference in barrier to mental healthcare utilization for the three income groups:  $F(2, 81) = 2.5$ ,  $p= .09$ .

## Data Interpretation

As mentioned in chapter 1, the research question was “which barriers influence Latinos decisions to access mental health care services?”. The hypothesis to the research question was “the more barriers Latinos encounter when deciding to access mental health care, the less likely they are to access such care.” After analyzing the gathered data there was found to be no statistically significant finding between the independent and dependent variables. Based on the results, the study does not support the hypothesis.

## Limitations

Limitations that were a factor in the study is the limited number of Latino groups among the participants. Although the study attempted to outreach to Latino subgroups such as Salvadorian, Puerto Rican, and Honduran, the participants that identified as “other than Mexican” was limited. In conjunction, immigration status was among the highest survey question that participants failed to answer (see table 1). Future studies that can be done in order to improve on these limitations would need to sample more diverse Latino subgroups in order to make conclusive evidence that there is a difference in the barriers to the utilization of mental health services among these groups.

## Micro and Macro Level Implications

Although this study did not prove to show a statistically significant finding between variables, it is important to validate the current literature that shows the lack of mental health services utilization among minority ethnic groups, especially

among Latinos. The use of previous research will be what guides micro and macro social work practice in appropriate engagement, assessment, planning, implementation, evaluation, termination, and follow-up while working with Latino clients in diverse micro and macro settings.

Inclusively, this study is valuable to micro and macro practice as cultural competence in mental health continues to evolve and gain momentum among professionals. According to the National Association of Social Workers (NASW), part of social work practice is being culturally competent (2020). This study prompts the opportunity to increase culturally competent psychoeducation at a micro level. At a macro level, this is also an opportunity to enlighten policymakers on the need to further efforts through collaboration and aid for minority ethnic groups.

### Summary

This chapter discussed the data analysis findings and interpretation of the data. After utilizing an independent T-test and a one-way between-groups ANOVA to compare the mean scores of the group variables there was no significant findings. Although there were no statistically significant findings, it is of value to note that there is an opportunity to impact micro and macro practice by utilizing literature that elaborates on the underutilization of mental health services among minority ethnic groups, in specific Latinos. This study also prompts professionals to practice cultural competence services at a micro and macro level.



## CHAPTER FIVE

### TERMINATION AND FOLLOW-UP

#### Introduction

In this chapter, the termination process with the research site and the participants will be discussed. Additionally, the research findings communication and the dissemination will be discussed.

#### Termination of Study

For this study, the contact made with the participants was only during the completion of the questionnaire and therefore, termination was completed at that time. However, during the time of contact participants were made aware of researchers contact information through the informed consent form in the case the further questions or concerns arise. After the initial engagement phase with the gatekeeper at the study site, there has not been further engagement as there has not been a need to do so.

#### Communication of Findings to Study Site and Study Participants

Upon the completion of the research study, the report will be shared with the gatekeepers at the study site. This will be done via email and will be available to share in person per request. The researcher will remain available to provide clarification and answer questions if they arise.

### Ongoing Relationship with Study Participants

After the completion of this study there not be any relationship with the study participants due to confidentiality. The study participants confidentiality will remain intact since detailed contact information was not collected during the data collection period.

### Dissemination Plan

The final study will be published on the Scholar Works website (<http://scholarworks.lib.csusb.edu>) in the Summer of 2020. The gatekeepers at the study site will be notified of the publication and directions to access it via email upon publishing availability. Although there will not be ongoing communication with the participants, the gatekeepers at the study site will be advised to share the publication site and directions to access the report with the participants that request it. The researcher will remain available to the gatekeeper in the case that further questions or concerns arise.

## APPENDIX A

### PARTICIPANT QUESTIONNAIRE

## Study of Barriers among Hispanics decision to access mental health care services

### Demographic Information

*(please circle the correct answer)*

Gender:

Male

Female

Age (write in answer): \_\_\_\_\_

Nationality:

Mexican

Salvadorian

Puerto Rican

Honduran

Other, please specify: \_\_\_\_\_

Education Level:

Less than High School

Some college

4-year College Degree

Masters Degree

Doctoral Degree

Total annual income:

\$0-\$10,000

\$10,000-\$29,999

\$30,000-\$49,999

\$50,000-\$69,999

\$70,000-\$89,999

\$90,000 or more

Immigration status:

US citizen

Permanent resident

No status

Years living in the United States (please write): \_\_\_\_\_

Developed by Carolina Peters

*Circle the response that you agree with:*

1. I would benefit from accessing mental health services.

Yes                      No

2. I know how to access mental health services.

Yes                      No

3. Mental health is taboo and has been a barrier to access mental health services.

Yes                      No

4. While accessing mental health services, language has been a barrier.

Yes                      No

5. While accessing mental health services, my immigration status has been a barrier.

Yes                      No

6. While accessing mental health services, not knowing enough about it has been a barrier.

Yes                      No

7. While accessing mental health services my culture has been a barrier.

Yes                      No

8. While accessing mental health services lack of insurance has been a barrier.

Yes                      No

9. While accessing mental health services the cost, even with insurance, has been a barrier.

Yes                      No

10. While accessing mental health services, living in a rural area has been a barrier.

Yes                      No

11. Mental health services make me feel uncomfortable.

Yes

No

12. I am interested in receiving mental health services.

Yes

No

13. Mental health services would be helpful to me.

Yes

No

## APPENDIX B

### INFORMED CONSENT



College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT:** The study in which you are asked to participate is designed to examine barriers that influence Hispanics decisions to access mental health care services. The study is being conducted by Carolina Peters, a MSW student under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine barriers that influence Hispanics decisions to access mental health care services.

**DESCRIPTION:** Participants will be asked a few questions on demographics, barriers to mental healthcare services such as stigma, language, immigration status, education, insurance, living areas, and cultural beliefs.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential and data will be reported in group form only.

**DURATION:** It will take approximately 5 minutes to complete the survey.

**RISKS:** There is a possibility that the survey will make participants less likely to pursue mental health services due to feelings of embarrassment. If you experience discomfort, you can stop at any time.

**BENEFITS:** Possible benefits include providing a better understanding of the challenges Hispanics face when attempting to seek mental health services.

**CONTACT:** If you have any questions about this study, please feel free to contact Armando Barragán at (909) 537-3501 (email: [abarragan@csusb.edu](mailto:abarragan@csusb.edu)).

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2020.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 6/12/2019 VOID AFTER 6/12/2020  
IRB# SW1958 CHAIR [Signature]

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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College of Social and Behavioral Sciences  
School of Social Work

**CONSENTIMIENTO INFORMADO:** El estudio en el que se le solicita participar está diseñado para examinar barreras que influyen en las decisiones de los hispanos para acceder a los servicios de salud mental. El estudio está siendo realizado por Carolina Peters, una estudiante de MSW bajo la supervisión del Dr. Armando Barragán, profesor asistente en la Escuela de Trabajo Social, Universidad Estatal de California, San Bernardino. El estudio ha sido aprobado por el Subcomité de Trabajo Social de la Junta de Revisión Institucional, Universidad Estatal de California, San Bernardino.

**PROPÓSITO:** El propósito del estudio es examinar barreras que influyen las decisiones de los hispanos para acceder a los servicios de salud mental.

**DESCRIPCIÓN:** A los participantes se les harán algunas preguntas sobre datos demográficos, barreras a los servicios de salud mental como el estigma, el idioma, el estatus migratorio, la educación, seguros médicos, las áreas de vivienda y las creencias culturales.

**PARTICIPACIÓN:** Su participación en el estudio es totalmente voluntaria. Puede negarse a participar en el estudio o suspender su participación en cualquier momento sin ninguna consecuencia.

**CONFIDENCIALIDAD:** Sus respuestas permanecerán confidencial y los datos se repartarán solo en forma de grupo.

**DURACIÓN:** Tardará aproximadamente 5 minutos para completar la encuesta.

**RIESGOS:** Existe la posibilidad de que la encuesta haga que los participantes sean menos probables de buscar servicios de salud mental debido a sentimientos de vergüenza. Si siente incomodidad, puede detenerse en cualquier momento.

**BENEFICIOS:** Los posibles beneficios incluyen proporcionar una mejor comprensión de los desafíos que enfrentan los hispanos cuando intentan buscar servicios de salud mental.

**CONTACTO:** Si tiene alguna pregunta sobre este estudio, no dude en comunicarse con Armando Barragán al (909) 537-3501 (correo electrónico: [abarragan@csusb.edu](mailto:abarragan@csusb.edu)).

**RESULTADOS:** Los resultados del estudio se pueden obtener en Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) en la Universidad del Estado de California, San Bernardino, después de diciembre de 2020.

Esto es para certificar que leí lo anterior y que tengo 18 años o más.

Firma

Fecha

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 6/10/2019 VOID AFTER 6/9/2020  
IRB# 56219-58 CHAIR *J. Barragan*

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

## APPENDIX C

### INSTITUTIONAL REVIEW BOARD APPROVAL

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**SCHOOL OF SOCIAL WORK**  
***Institutional Review Board Sub-Committee***

Researcher(s): Caroline Peters

Proposal Title: Access to Mental Health Care Services among Hispanics

# SW1958

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

-----  
Proposal is:

☒ X Approved

☐ To be resubmitted with revisions listed below

☐ To be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

☐ Faculty and Investigator (Student) signature missing

☐ Missing informed consent ☐ Debriefing statement


☐ Revisions needed in informed consent ☐ Debriefing

☐ Data collection instruments revision

☐ Agency approval letter missing

☐ CITI missing

☐ Revisions in design needed (specified below)



\_\_\_\_\_  
Committee Chair Signature

6/10/2019

\_\_\_\_\_  
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

## APPENDIX D

### TABLES

Table 1. Participant Demographics

Variable	Frequency (n)	Percentage (%)
Gender		
Male	49	49
Female	51	51
Nationality		
Mexican	78	78.8
Other Latino groups	21	21.2
Education		
Less than High School	34	37.8
> High school diploma	56	62.2
Annual Income		
0-\$29,999	47	49.5
\$30,000-\$49,999	32	33.7
> \$50,000	16	16.8
Immigration Status		
US citizen	64	76.2
Permanent resident	15	17.9
No status	5	6.0

Table 2. Access to Mental Health Services

Variable	Frequency (n)	Percentage (%)
I would benefit from accessing mental health services.		
Yes	55	57.3
No	41	42.7
I know how to access mental health services.		
Yes	42	42.0
No	58	58.0
Mental health is taboo and has been a barrier to access mental health services.		
Yes	44	44
No	55	55.6
While accessing mental health services, language has been a barrier		
Yes	25	25.5
No	73	74.5
While accessing mental health services, my immigration status has been a barrier.		
Yes	19	19.8
No	77	80.2
While accessing mental health services, not knowing enough about it has been a barrier.		
Yes	66	68.0
No	31	32.0

While accessing mental health services my culture has been a barrier.

Yes	49	51.6
No	46	48.4

While accessing mental health services lack of insurance has been a barrier.

Yes	56	58.9
No	39	41.1

While accessing mental health services the cost, even with insurance, has been a barrier.

Yes	28	30.4
No	64	69.6

While accessing mental health services, living in a rural area has been a barrier.

Yes	25	26.6
No	69	73.4

Mental health services make me feel uncomfortable

Yes	43	43.4
No	56	56.6

I am interested in receiving mental health services.

Yes	55	56.1
No	43	43.9

Mental health services would be helpful to me.

Yes	59	60.2
No	39	39.8

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